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1-800-994-9662
TDD: 1-888-220-5446

Health Problems in Hispanic American/Latina Women

Q: Who are Hispanic American/Latina women in the United States?

A: There are nearly 14 million Hispanic American/Latina women in the United States. They include women from diverse cultures, histories, and experiences—Mexican Americans, Central and South Americans, Puerto Ricans, Cuban Americans, and Spanish Americans. While these women currently represent only 11% of the female population of the United States, they are a growing force. By the year 2050, nearly one of every four women in the U.S. will be Hispanic American/Latina.

Q: What health problems affect a lot of Hispanic American/Latina women?

A: Obesity and Overweight

Being overweight or obese increases your risk of heart disease, type 2 diabetes, high blood pressure, stroke, breathing problems, arthritis, gallbladder disease, sleep apnea (breathing problems while sleeping), osteoarthritis and some cancers. Obesity is measured with a Body Mass Index (BMI). BMI shows the relationship of weight to height. Women with a BMI of 25 to 29.9 are considered overweight, while

women with a BMI of 30 or more are considered obese. All adults (aged 18 years or older) who have a BMI of 25 or more are considered at risk for premature death and disability from being overweight or obese. These health risks increase as the BMI rises. Your health care provider can help you figure out your body mass or go to www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm. Not only are health care providers concerned about how much fat a person has, but also where the fat is located on the body. Women with a “pear” shape tend to store fat in their hips and buttocks. Women with an “apple” shape store fat around their waists. For most women, carrying extra weight around their waists or middle (with a waist larger than 35 inches) raises health risks (like heart disease, diabetes, or cancer) more than carrying extra weight around their hips or thighs. Obesity is 1.5 times more common in Mexican American women (reaching 52%) than in the general, female population. If you are overweight or obese, losing weight can lower your risk for many diseases. And physical activity is an important part of weight loss treatment. Try to be active (30 minutes most days of the week is best) and eat better to help prevent and treat obesity.

Diabetes (dye-uh-bee-tees)

You can get diabetes if your body does not use insulin right. Insulin is what is in your body that changes the sugars in food into energy. Diabetes, including gestational diabetes that occurs during pregnancy, is more common in Hispanic American/Latinos than in Whites. Mexican Americans, the largest Hispanic/Latino subgroup, are 2 times more likely to have diabetes than



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Whites. Also, residents of Puerto Rico are 2 times more likely to have diagnosed diabetes than U.S. Whites. Within the Hispanic American/Latino population, diabetes is more prevalent in women than it is in men.

Type 1 diabetes happens when your body destroys its own cells that make insulin. Type 2 diabetes occurs when the pancreas doesn't make enough insulin. A growing number of children are getting type 2 diabetes. Children have a greater chance of getting type 2 diabetes if they are overweight or if a family member has it.

Although type 1 diabetes cannot be prevented, there are steps you can take to prevent type 2 diabetes: control your weight and be active. People with diabetes have a higher chance of having problems with their skin, mouth, kidneys, heart, nerves, eyes, and feet. Hispanic Americans/Latinos have a 2 times higher rate of retinopathy (eye disease) and kidney disease (including end-stage kidney failure). And Hispanic American/Latina women with diabetes are 7.6 times more likely to develop peripheral vascular disease (problems with blood flow in the veins) than non-diabetic women, and three-to-four times more likely to have heart disease or a stroke. These problems can be prevented:

- See your health care providers regularly. Don't forget about the dentist and eye doctor!
- Don't smoke.
- Control your blood sugar and cholesterol levels, your blood pressure, and your weight.
- Exercise (30 minutes most days of the week is best).

- Check your feet everyday for blisters, red spots, swelling, or cuts.
- Stay aware of how you feel—if you notice a problem, call your health care provider right away.

About 2 to 5% of all pregnant women develop gestational diabetes (diabetes during pregnancy). Mexican American women, especially when they are overweight, have higher rates of gestational diabetes than non-Hispanic White women. Gestational diabetes increases the baby's risk for problems such as macrosomia (large body size) and neonatal hypoglycemia (low blood sugar). Although women's blood glucose levels generally return to normal after childbirth, an increased risk of getting gestational diabetes in future pregnancies remains. Also, studies show that many women with gestational diabetes will develop type 2 diabetes later in life. Experts estimate that about half of all women with gestational diabetes develop type 2 diabetes within 20 years of the pregnancy. For Mexican American women, this may be a risk as much as 12% per year.

High Cholesterol (koh-les-ter-awl)

Cholesterol is a waxy substance found in all parts of the body. It comes from two sources: your body and the food you eat. Your liver makes all the cholesterol your body needs. Eating too much cholesterol in animal foods like meats, whole milk dairy products, and egg yolks can make your cholesterol go up. Cholesterol blocks blood from flowing easily through your body. The higher your cholesterol, the greater your risk for heart disease. Over 25% of American women have blood cholesterol levels high enough to put them at



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risk for heart disease. Among Mexican American women ages 20–74, almost half have borderline–high risk total cholesterol levels. Low-density lipoprotein (LDL) or “bad” cholesterol levels of 130 mg/dL or higher are related to a higher risk of coronary heart disease. And 41.6% of Mexican American women have an LDL cholesterol level in that range. Control your cholesterol by exercising, eating foods low in saturated fat and cholesterol, and keeping a healthy weight. Ask your health care provider about how often you should get your cholesterol checked.

Heart Disease

Heart disease is a group of diseases of the heart and of the blood vessel system within the heart. Coronary heart disease, the most common form of heart disease, affects the blood vessels (or coronary arteries) of the heart, and causes angina and heart attacks. Angina is a pain in the chest that happens when a part of the heart does not get enough blood. It feels like a pressing or squeezing pain, often in the chest under the breastbone, but sometimes in the shoulders, arms, neck, jaw, or back. Unlike a heart attack, angina seldom causes permanent damage to the heart. During a heart attack, you can feel chest pressure, fullness, squeezing, or pain in the center of the chest that lasts longer than a few minutes, or comes and goes, spreading pain to one or both arms, back, jaw, or stomach, or cold sweats and nausea. Some women don't have these symptoms but may have other symptoms, such as an upset stomach, burning feeling in the upper abdomen, and lightheadedness. If you have any of these symptoms, call 911 or see a health care provider right away. A

heart attack can cause permanent damage to the heart and maybe even death. Heart disease is the main cause of death for American women. Heart disease risk and death rates are higher among Mexican Americans partly because of higher rates of obesity and diabetes.

Diabetes, high blood pressure, high cholesterol, not exercising, and smoking all put women at risk for heart disease. You can help prevent heart disease by not smoking, and by controlling your blood pressure, cholesterol, and weight.

Stroke

There are two types of stroke. An ischemic (iss-kee-mik) stroke happens when a blood vessel that goes to the brain is blocked, and blood can't get to the brain. A hemorrhagic (heh-muh-ra-jik) stroke happens when a blood vessel breaks and blood goes into the brain. Sometimes a person can have a “mini stroke,” or transient ischemic attack (TIA). A TIA is a stroke that happens when a blood vessel to the brain is blocked for a short time and less blood reaches the brain. A stroke could cause problems that may affect speech, language, movement, vision, balance, hearing, breathing, and swallowing. A stroke could also cause death. Among Hispanic Americans/Latinos, the risk of stroke is 1.3 times higher at ages 35–64 than for non-Hispanics. There are other medical problems that put you more at risk for a stroke, including diabetes, high blood pressure, heart disease, having already had a stroke or mini-stroke (TIA), and carotid artery disease.

To avoid heart attack and stroke, the American Heart Association advises people to take the following steps:



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- Don't smoke.
- Control your blood pressure. Ask your health care provider what a healthy number is for you and how often you need your blood pressure checked.
- Eat healthy. Talk to your health care provider about a heart healthy diet.
- Lower your cholesterol to the right level, based on your personal risk.
- Get at least 30 minutes of exercise on most days of the week.
- Maintain a healthy weight. Ask your health care provider what a healthy weight is for you.
- Have a normal fasting blood glucose level (below 110 mg/dL). Ask your health care provider about when you should be tested.

HIV/AIDS

Human immunodeficiency virus (HIV) is the virus that causes acquired immunodeficiency syndrome (AIDS). HIV weakens your immune system, which makes it hard for your body to fight off other health problems that it could normally resist. As time goes on, your body becomes less capable of fighting off diseases. Even though males account for the largest proportion (81%) of AIDS cases reported among Hispanic Americans/Latinos in the United States, the number of cases among females is rising. Females represent 19% of all AIDS cases among Hispanic Americans/Latinos, but account for 23% of cases reported in 2000 alone. And the rate of HIV infection is seven times higher in Hispanic American/Latina women than in White women. For the largest proportion (47%) of adult and adolescent Hispanic

American/Latina women with AIDS, heterosexual contact (mostly with injection drug users) is the cause for their disease. Injection drug use accounts for an additional 40% of AIDS cases among Hispanic American/Latina women.

The Centers for Disease Control and Prevention (CDC) recommends taking these steps to protect yourself:

- If you are sexually active (having oral, anal, or vaginal sex), use latex condoms to reduce your chances of getting HIV.
- Drug users who cannot or will not stop injecting drugs should use new, sterile syringes to prepare and inject drugs.
- If you are getting a tattoo or having your body pierced, ask what procedures they use to prevent the spread of HIV.

Depression

Depression is an illness that affects the body, mood, and thoughts. People who are depressed may feel hopeless, worthless, very sad, and have no energy or interest in doing anything. Some people describe depression as an "empty, or sad feeling that won't go away." This kind of depression that does not go away is called "clinical depression." It is different from feeling "blue" or down for a few hours or a couple of days. The rate of depression in Hispanic American/Latina women remains about twice that of men. And major depression (also known as clinical depression, in which symptoms last for at least 2 weeks but usually for several months or longer) and dysthymia (a type of depression that lasts for at least two years) may be diagnosed slightly more



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frequently in Hispanic American/Latino women than in White women. Possible differences in how symptoms appear may affect the way depression is recognized and diagnosed among minorities. For example, African Americans are more likely than Hispanics to report symptoms of depression that affect their whole body, such as appetite change and body aches and pains.

Many things cause depression. Depression can run in families. Changes in your brain chemistry and living through painful and difficult events in your life can cause depression. Sometimes depression is caused by certain medications people take for cancer, arthritis, heart problems, and high blood pressure. Some illnesses such as Parkinson's disease, stroke, and hormonal problems can cause depression. Most people with depression get better when they get treatment. The two most common treatments for depression are medication and psychotherapy (talking with a trained counselor). Support groups can help. Talk to your health care provider about how you are feeling. Get a checkup to see if there are physical problems or medicines that are causing your depression.

Other Cancers

Cancers occur when certain body cells don't function right, divide uncontrollably, and produce too much tissue, resulting in a tumor. Cancerous tumors then invade healthy, normal functioning cells. Hispanic Americans/Latinos have a lower rate of new cancer cases and lower death rates for all cancers combined, but a higher burden of cancers of the stomach, liver, and

cervix than Whites. There are gaps in access to and use of cancer screening programs among Hispanic Americans/Latinos. Death rates from cancers of the breast and cervix, all of which can be found early by screening, decreased less among Hispanic Americans/Latinas than among non-Hispanics.

Breast Cancer

Women get breast cancer when cells in the breast don't grow right, and a tumor forms. Getting a mammogram (x-ray of the breast) can help find the cancer earlier, which gives women more treatment options and improves chances for survival. Breast cancer is the most commonly diagnosed cancer and the leading cause of cancer death among Hispanic American/Latina women. Although breast cancer is diagnosed about 30% less often among women of Hispanic origin, it is more often diagnosed at a later stage (when the disease is more advanced) than when found in non-Hispanic women, even when access to health care is adequate. Lower rates of using screening tests like mammography among Hispanic American/Latina women is thought to add to this later diagnosis.

We do not know how to prevent breast cancer. There are things women can do to reduce their risk, such as limiting how much alcohol they drink. However, it's vital for women to take steps to find breast cancer if they have it:

- Women aged 40 and older should have a screening mammogram every 1-2 years. Talk to your health care provider.
- Perform a breast self-examination (BSE) every month.



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The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) program provides free or low-cost breast cancer testing to women who don't have health insurance. Non-profit organizations and local health clinics are the main groups who provide the tests. To learn more about this program, please contact the CDC at 1-888-842-6355 or look on the Internet at www.cdc.gov/cancer

Cervical Cancer

Cancer of the cervix, a very common kind of cancer in women, is a disease in which cancer cells are found in the tissues of the cervix. The cervix is the opening of the uterus, or womb. It connects the uterus to the vagina (the birth canal). Cancer of the cervix usually grows slowly over a period of time. Before cancer cells are found on the cervix, the tissues of the cervix go through changes in which abnormal cells begin to appear (a condition called dysplasia). Later, cancer starts to grow and spread more deeply into the cervix and to surrounding areas. Study results show that the number of new cases of invasive cervical cancer among Hispanic American/Latina women (age 30 years and older) is about twice that for non-Hispanic women. But, Hispanic American/Latina women in the Southwest and Midwest have similar rates to non-Hispanics. Overall, the death rate from cervical cancer is 40% higher among Hispanic American/Latina women than non-Hispanic women. Although invasive cervical cancer can be prevented by regular screening, Hispanic American/Latina women have a low rate of Pap testing. The most common symptom of cervical cancer is abnormal bleeding. Many

ethnic groups share the things that can make you more likely to get cervical cancer, such as having more than one sexual partner, starting sexual intercourse at a young age, and other dangerous sexual behavior. You can help find cervical cancer early, when it is most treatable, by getting regular Pap tests and pelvic exams. Get a Pap test every one to three years if you have been sexually active, but no later than at 21 years old. Women should then have Pap tests at least once every three years. You should talk with your health care provider about how often you should have a Pap test and pelvic exam.

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) program provides free or low-cost Pap testing to women who don't have health insurance. Non-profit organizations and local health clinics are the main groups who provide the tests. To learn more about this program, please contact the CDC at 1-888-842-6355 or look on the Internet at www.cdc.gov/cancer.

Smoking and Lung Cancer

Women who smoke put their health at risk. Smoking during pregnancy increases the risk of miscarriage, stillbirth, preterm delivery, and low birth weight. Smoking increases the risk for a lot of diseases, including cancer, heart attacks, oral diseases, and lung problems. In fact, lung cancer is the largest single cause of cancer deaths in the U.S. For years, men were at higher risk for lung cancer because of their higher smoking rates. However, with the rising number of women who smoke, lung cancer surpassed breast cancer in 1987 as the leading cause of cancer deaths among women. Lung cancer is



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the second cause of cancer deaths among Hispanic American/Latina women (behind breast cancer). And the death rates for lung cancer in these women have increased every year. Among Hispanic American/Latino high school students, 31.5% of females smoke cigarettes. If you smoke, try to quit. At just a few days, your health will begin to improve. There are many organizations to help you quit. Contact the American Cancer Society (1-800-ACS-2345 or www.cancer.org) for help.

Alcoholism and Illicit Drug Use

According to the National Institutes of Health, alcoholism is a disease with these symptoms:

- craving: a strong need to drink
- loss of control: can't limit one's drinking
- physical dependence: withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety that happens when you stop drinking alcohol after a period of heavy drinking
- tolerance: drink greater amounts of alcohol in order to "get high"

Illicit drugs are illegal drugs, like heroin, marijuana, ecstasy, cocaine, PCP, and LSD. Subgroups of Hispanic Americans/Latinos vary in their rates of substance abuse, alcohol dependence, and need for illicit drug abuse treatment. But overall, compared to the total U.S. population, Mexicans and Puerto Ricans have high rates of illicit drug use, heavy alcohol use, alcohol dependence, and need for drug abuse treatment.

Prevent problems related to alcohol and drugs. If you have a problem with

drinking or use drugs, get help to stop! Your health care provider can help you. If you drink, the National Institutes of Health advises a safe level of drinking: for most adults, moderate alcohol use—up to two drinks per day for men and one drink per day for women and older people. However, some people should NOT drink at all:

- women who are pregnant or trying to become pregnant
- people who plan to drive or engage in other activities that require alertness and skill (such as using high-speed machinery)
- people taking certain over-the-counter or prescription medications
- people with medical conditions that can be made worse by drinking
- recovering alcoholics
- people younger than age 21

Getting Health Care

Although this isn't a problem with the health of women, it can lead to health problems because many women can't get the right health services, medicines, and supplies when they need them. Some reasons include:

- They can't pay for it and don't have health insurance.
- They have no way to get to a doctor.
- They have physical limitations that make it hard to get to a doctor.
- They don't understand the language.

There are more uninsured Hispanic American/Latino women than any other race/ethnic group (30%), even though many of them are employed or live with someone who is employed.



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Only 26% have private health insurance, 27% receive Medicaid coverage, and 7% receive Medicare. This lack of insurance is due in part to the fact that Hispanics are more likely than non-Hispanics to be employed in industries and jobs that do not provide health benefits. Also, within the various industries, Hispanics are less likely than non-Hispanics to be offered health coverage by their employers. Problems with language, transportation, child care, immigration status, or cultural differences act as further barriers to health care services. Lack of access to health care is a major barrier to early detection and treatment of breast cancer and cervical cancer, and one that many Hispanic American/Latino women face. Uninsured Hispanic women with breast cancer are more than twice as likely than other women to be diagnosed with breast cancer in the advanced stages of the disease. The disease is more difficult to treat successfully when it is diagnosed in its advanced stages, and survival rates are lower.

More often than any other group, Hispanic Americans/Latinos have no regular source of health care. In addition, the low incomes of many Hispanic Americans/Latinos, as compared to other groups, make it hard to obtain individual health insurance outside of employer- or government-sponsored plans. Even when they are eligible for Medicaid or state-sponsored child health insurance programs, many Hispanic American families fear that enrolling family members in such plans could be used against them when they apply for citizenship.

Q: What types of health care coverage exist? How do I find out about them?

A: Finding health insurance often requires good research and finding answers to lots of questions. There are a number of different kinds of health care coverage:

Private Insurance

- Employer sponsored – fully or partly paid by an employer, includes health maintenance organizations, preferred provider organizations, and point of service plans. Contact your employer for information on plans available to you.
- Individual insurance – private health insurance that a person buys through an insurance company. You may want to talk to an insurance broker, who can tell you more about the health care plans that are available for individuals. Some states also provide insurance for very small groups or people who are self-employed. You may also want to go to the Quality Interagency Coordination Task Force Web site on health care quality at <http://www.consumer.gov/qualityhealth/> for information on selecting a health plan. If you do not have access to the Internet, or don't know how to use a computer, call 1-800-994-9662.

Public Insurance

- Medicare – federal government health insurance program for people 65 and older, or who are disabled, or who have permanent kidney failure. You can call the Social Security Administration at 1-800-772-1213 or contact your local Social Security Office for more information.

FREQUENTLY ASKED QUESTIONS



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- Medicaid – federal and state health insurance program run by states for low-income or disabled people of all ages. Click on <http://cms.hhs.gov/medicaid/tollfree.asp> for a list of Medicaid toll-free lines in each state. If you do not have access to the Internet, or don't know how to use a computer, call 1-800-994-9662.

For more information on health insurance, contact these organizations:

Agency for Healthcare Research and Quality

Phone: (800) 358-9295

Internet Address: <http://www.ahrq.gov>

Bureau of Primary Health Care

Phone: (800) 400-2742

Internet Address:

<http://www.bphc.hrsa.gov/>

Centers for Medicare & Medicaid Services (CMS)

Phone: 877-267-2323

Internet Address:

<http://www.cms.hhs.gov>

Health Insurance Association of America

Phone: 202-824-1600

Internet Address:

<http://www.aahp.org/template.cfm> ■

For more information...

You can find out more about health problems in Hispanic American/Latino women by contacting the National Women's Health Information Center at 800-994-9662, visiting the NWHIC Minority Women's section (<http://www.womenshealth.gov/minority/index.htm>), and contacting the following organizations:

Office of Minority Health

Phone: (301) 443-5224 (301) 589-0951
(Publications)

TDD line: (800) 444-6472

Internet address: <http://www.omhrc.gov>

Office of Minority and Women's Health

Phone: (301) 594-4490

Internet address:

<http://bphc.hrsa.gov/OMWH/home.HTM>

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